

ANIMAL CARE CENTER & BEACHES PET RESORT

CLIENT NAME: _____
(LAST) (FIRST) (M.I.)

ADDRESS: _____
(STREET) (CITY) (STATE, ZIP)

TELEPHONE: _____ (HOME) _____ X _____ (WORK/CELL)
please circle

EMAIL ADDRESS: _____

D.L. # _____ S.S. # _____ D.O.B. _____

Above information is required for service.

PATIENT INFORMATION

	<u>PET #1</u>	<u>PET #2</u>	<u>PET #3</u>
PET NAME:	_____	_____	_____
SPECIES:	_____	_____	_____
BREED:	_____	_____	_____
D.O.B.:	_____	_____	_____
SEX:	_____	_____	_____
COLOR:	_____	_____	_____

MEDICAL/VACCINATION HISTORY

CLINIC NAME: _____

CLINIC PHONE or CITY/STATE: _____

VACCINES/DATE GIVEN: _____

IMPORTANT MEDICAL INFORMATION: _____

WOULD YOU LIKE YOUR PET RESCUSITATED IN THE EVENT OF AN EMERGENCY? Yes No

******PAYMENT IS REQUIRED AT TIME OF SERVICE. WE ACCEPT CASH, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER AND CARE CREDIT (SUBJECT TO CREDIT APPROVAL).******

I confirm that this information is true to the best of my knowledge and belief. I understand that I am responsible for payment for all services rendered, including reasonable attorney's fees and costs of collection in the event of default. Finance charges will be applied to all delinquent accounts after 30 days at an annual percentage rate of 18%.

As the owner of the above named animal(s) being treated at the NVA PCB Veterinary Management, Inc., DBA Animal Care Center, I authorize the use of any or all therapeutic procedures determined to be necessary and understand that I am responsible for payment of same.

SIGNATURE: _____ DATE: _____

WE APPRECIATE YOUR TRUST AND CONFIDENCE IN THE CARE OF YOUR PET(S).

MATT LEBLEU, DVM

SCOTT MCLELLAND, DVM

RICHARD SMITHERMAN, VMD

TERRA MCSWAIN, DVM

STEPHEN CARROLL, DVM